

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

2011 MAY 12 PM 3:47

Name: Daniel J. Benishek

Daytime Telephone: 906-265-0272

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: Michigan	District: #1	Officer or Employee	<input type="checkbox"/> Officer or Employee	Employing Office:	Termination Date:	
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination					

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

For payments to charity in lieu of honoraria, use Schedule H.

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

Daniel J. Benishchek

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BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols).

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving account; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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Continuation Sheet (if needed)

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SCHEDULE IV—TRANSACTIONS

Name **Barrel J. Benishke**

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent child, or the purchase or sale of your personal residence unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SP, DC, JT	Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE			A	B	C	D	E	F	G	H	I	J	
SP	Example: Mega Corporation Common Stock (partial sale)		X			10-12-10		X									
SP	Seligman Premium Tech Growth Fund		X			6-9-10		X									
SP	YUM Brands		X			6-9-10	X										
SP	HSBC Holdings		X			6-9-10	X										
SP	Power Share Water Resources		X			6-9-10	X										
SP	Cubist Pharmaceuticals		X			6-9-10	X										
SP	Nuveen Build America Bond Fund	X				4-30-10		X									
SP	Claymore Multiple Asset Portfolio Plus 2	X				11-12-10	X										
SP	Columbia Mid Cap Value - A		X			4-22-10		X									
SP	Fidelity Advisor Funds - Emerging Markets Inc - A		X		X	4-22-10		X									
SP	Nuveen Build America Bond Fund		X			11-12-10		X									
	Nuveen Build America Bond Fund	X				4-30-10		X									
	Black Rock Build America Fund Trust	X				8-31-10			X								
	Claymore Multiple Asset Portfolio Plus 2	X				11-12-10		X									
	Fidelity Advisor Lever Co. Stock A		X			8-25-10		X									
	Franklin Strategic Income Fund - A		X		X	4-22-10		X									
	Franklin High Income Fund - A		X		X	8-25-10		X									

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Amount of Transaction	
A	\$1,001-\$15,000
B	\$15,001-\$50,000
C	\$50,001-\$100,000
D	\$100,001-\$250,000
E	\$250,001-\$500,000
F	\$500,001-\$1,000,000
G	\$1,000,001-\$5,000,000
H	\$5,000,001-\$25,000,000
I	\$25,000,001-\$50,000,000
J	Over \$50,000,000

[illegible]

SCHEDULE V— LIABILITIES

Name Daniel J. Benishak

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	
	NONE													

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NONE		

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Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
General Partner	Medical Park
President	Daniel J. Benishak, MD, PC
Vice President	Wild River Land Management & Marketing, Inc.

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	